

Statewide Initiatives to Expand and Elevate the Direct Care Workforce

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Who are Direct Care Workers (DCWs)?

- Provide essential services through behavioral health, community mental health, older American's act programs, and long-term care systems including PACE to support individuals with disabilities and older adults in a range of settings including private homes, group homes, assisted living facilities, nursing homes, and community living supports settings.
- ➤ Go by many titles including, but not limited to, certified nursing assistants, home health aides, hospice aides, personal care assistants, Home Help providers, direct support professionals, self-directed home care workers, and home care companions.
- Distinguished by core tasks shared by most DCWs that generally include assisting with hands-on personal care, activities of daily living, instrumental activities of daily living, vocational assistance, and rehabilitation.
- Are mostly paid through Medicaid but may also be covered by OAA funds, private insurance, Medicare, directly by clients, or other funding sources.

Why is there a DCW Shortage?

Lack of economic security due to:

- > Low wages & benefits
- Lack of guaranteed hours
- Lack of training
- Lack of career advancement options
- Lack of societal value placed on direct care work
- Institutional & historical racism, sexism, agism, and discrimination against immigrants and persons with disabilities

The Stark Truth

- In Michigan, we need an estimated 196K skilled DCWs.
- > 36K more people than are working in these MI jobs today

 PHI National https://phinational.org/
- > 2018 median turnover rate for home care DCWs = 82%
- Turnover costs about \$2,600 per caregiver; an avg of \$171,600 per agency per year.

 Much higher when indirect costs included.

No qualified workforce = **no LTSS**

Our VISION

A Sufficient and Stable Supply of Qualified Direct Care Workers



Four Primary Questions

How do we attract DCWs?

How do we keep DCWs?



How do we make sure that DCWs are competent?

What needs to change to achieve competency, recruitment and retention goals?

Three Primary Strategies to raise economic security, equity, and respect

- Increase Wages & Benefits
- Professionalize the DCW Workforce by establishing:
 - Competencies, Professional, and Ethical Standards
 - Training Guidelines & make training accessible and affordable
 - → Credentials
 - → Career Pathways
- Cultural Change Increase the value placed on direct care work



DCW Initiatives in MI: A Sampling



- MDHHS DCW Advisory Committee
- IMPART Alliance/PHI Partnership: Essential Jobs, Essential Care (EJEC), IMPART Alliance DCW Coalition
- DCW Training & Credentialing Infrastructure Grant funded through the general fund
- Michigan Industry Collaborative Approach (MICA)
 Employer-Led Collaborative through the Department of Labor and Economic Opportunity
- Wage Coalition
- Legislative Care Caucus
- CHCS/PSC Report & DCW Recommendations Crosswalk Committee
- Many Others



2021-23 Michigan State Plan on Aging: The Direct Care Workforce Is a Priority

Change Practice through Collaboration

- Increase the number of qualified and supportive multicultural direct care workers
- Support opportunities to increase wages
- Improve retention
- Elevate this workforce by promoting its collective value



Michigan Department of Health and Human Services Statewide Advisory Council

Provide insight and direction into development of policies, programs and procedures to address the state DCW shortage.

- Advise MDHHS on current & emerging DCW issues
- Identify short-term and long-term opportunities to address the DCW shortage
- Serve as subject-matter experts to inform initiatives
- Leverage organizational resources to advocate for MDHHS-supported legislation

Initial Workgroups

- Competency, Education, Credentialing, Career Paths
- Communication and Mental Health
- → Personal Protective Equipment



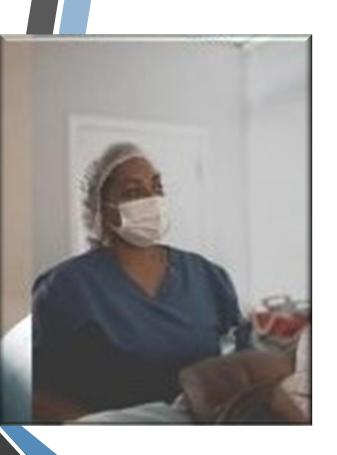
Competency, Education, Credentialing, Career Pathways Workgroup

Goal – Professionalize the DCW Workforce

- Competency guidelines/standards
- Professional and ethical standards
- Education and training guidelines
- Competency based, person-centered training models with test-out options, reciprocity, flexibility, portability
- Certification/credentialing
- Career pathways and success



Aligns with the 2021–2023 Michigan State Plan on Aging



The MI Department of Labor and
Economic Development Workforce Development (LEO-WD)
MICA 3.0 (Michigan Industry Cluster
Approach) Project

Industry Collaborative
to Expand Direct Care
Across Michigan
DCW Expansion
Collaborative





Statewide DCW Training & Credentialing Infrastructure

DCW Advisory Committee: Policy Recommendations Workgroup



Successes

- Premium pay for DCWs (COVID response):
 Legislature and Governor made the \$2.35/hour
 increase permanent it was included in the FY 2022
 approved budget
- Competency guidelines adopted
- Code of ethics and professional standards adopted
- Curricula, Credentials, Career Pathways in progress
- Training infrastructure proposal in the state budget
- PPE/vaccine policy briefs PPE supplies and vaccine FAQs
- Michigan Care Career DCW/Employer online platform under development

Key Components of Success

- Statewide leadership cutting across sectors, programs, settings, payors, populations
- Inclusive of all stakeholders
- Building relationships based on respect, transparency, trust, collaboration vs. competition
- Recognition of interrelatedness of solutions
- Finding common ground and goals
- Common definition of DCW
- Advocacy on behalf of all DCWs
- Neutral convener
- Commitment, passion, patience and persistence



What's Next?

- Complete Crosswalk of DCW Recommendations from key sources & identify best next steps for MI
- Living wages/benefits with COLA, overtime, paid time off, etc.
- Raising Medicaid reimbursement cap
- Professional and reimbursement occupational codes for DCWs
- Quality standards built into contracts
- Affordable, accessible training
- A data infrastructure
- Tackling underlying causes of shortage: racism, sexism, ageism
- Advocating for reforms and solutions that provide economic security for DCWs and competent, compassionate care for individuals needing support

Challenges Discussion Q&A







Thank You

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